

UNIT BED POLICY FOR UNSTABLE FLOOR PATIENTS

This policy is designed to:

- a. Delineate the responsibilities of the housestaff when caring for an unstable floor patient
 - b. Assure comprehensive quality care for those patients who have decompensated on the floor
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1. When a floor patient decompensates, the supervising resident will
 - a. Call the bed coordinator and contact the appropriate unit (MICU or CCU) regarding bed availability. If a ready bed is available or one can be made available (cleaned/patients moved), the patient will go to that bed. In the event that bed cleaning will result in an extended period of time on the floor (2-4 hours), 3 things will need to occur:
 - 1) A medical doctor must be in the patient's room for monitoring while they remain on the floor (please note that a doctor must stay with the patient at all times until the transfer to the unit is complete).
 - 2) Discuss the case and your interventions with the appropriate critical care fellow and make note of that conversation in the medical record. This indicates that the appropriate critical care team is aware of the patient and has made management recommendations.
 - 3) Notify the chief residents as medicine resources and responsibilities might be curtailed or redistributed until the situation is resolved.
 - b. In the event that the patient goes to a surgical unit (CT surgery, SICU, Neuro ICU, etc.), that unit's attending will become the attending of record while the patient remains in that ICU. In the event this occurs, the following procedure should be followed:
 - 1) The appropriate medical fellow must be notified (cardiology or pulmonary) and a consult obtained on the patient even if it requires their presence during the night. This must occur both for medical-legal purposes as well as increasing the urgency to open a medical unit bed.
 - 2) If the resident managing this critical event must remain with the patient, the chiefs should be notified as medicine resources and responsibilities might be curtailed or redistributed until the situation is resolved. Specifically, in the middle of the night if the NACR and one of the interns are involved with a critical patient, some medical admissions might be closed until the patient is stable in a monitored situation.

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